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PROGRAM MANAGEMENT BRANCH Waste, Pesticides & Toxics Division

U.S. EPA - REGION 5

U.S. EPA-REGION 5

August 25, 1999

Illinois Environmental Protection Agency Division of Land Pollution Control 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

Attn: Nikki Burkett

As part of the USEPA 33/50 Program, Siemens & Furnas Controls reviews our Form 8700-12, Notification of Regulated Waste Activity. Please accept the attached as our most current information.

It is the policy of Siemens Energy & Automation to be an industry leader in pollution prevention and environmental protection/improvement. We continue to work on waste minimization projects and foster recycling wherever possible.

SIEMENS & FURNAS CONTROLS

Don Mullner

Manager Plant Engineering

DM:mv

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IEPA/BOL

Siemens Energy & Automation, Inc.

Please print or type with ELITE type viz characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99 | GSA No. 0246 EPA-OT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and

## Notification of Regulated Waste Activity → EPA

Date Received (For Official Use Only)

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B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)  B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)  C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)  X. Certification  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am waver that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			ID - For Offic	ial Use Only
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## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, ous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

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'A Form 8700-12B (4-80)

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IV. INSTALLATION CONTACT  NAME AND TITLE (last, first, & job title)  PHONE NO. (area code & no.)  15 16  V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  F URNAS ELECTRIC COMPANY  (enter the appropriate letter into box)  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  F = FEDERAL  M = NON-FEDERAL  M = St. RAIL  St. C. HIGHWAY  ST. C. INSTALLATION'S EPA I.D. NO.  C. INSTALLATION'		CITY	OR TOWN	BIG CONTRACTOR	ST.	ZIP	ODE	odal di hasan		
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V. OWNERSHIP  A. NAME OF INSTALLATION'S LEGAL OWNER  B. TYPE OF OWNERSHIP  (enter the appropriate letter into box)  VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))  F = FEDERAL  M = NON-FEDERAL  M = NON-FEDERAL  M = NON-FEDERAL  M = NON-FEDERAL  M = Se RAIL  Ge C. TREAT/STORE/DISPOSE  F A. AIR  GE B. RAIL  GE C. HIGHWAY  GE D. WATER  GE E. OTHER (specify):  VIII. FIRST OR SUBSEQUENT NOTIFICATION  Mark "Y" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.  C. INSTALLATION'S EPA I.D. NO.  A. FIRST NOTIFICATION  B. SUBSEQUENT NOTIFICATION  B. SUBSEQUENT NOTIFICATION (complete item C)  C. INSTALLATION'S EPA I.D. NO.  C. INSTALLATION'S EPA I.D. NO.  T L D D S 1 2 9 0 6 9  IX. DESCRIPTION OF HAZARDOUS WASTES		NAMEA	ND TITLE (last, first, & .	job title)			PHON	E NO. (area	code & no.	.)
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S   U R N A S   E L E C T R I C C O M P A N Y   State   Stat	V. OWNERSHIP									
SB.TYPE OF OWNERSHIP (enter the appropriate letter into box)   VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))					EGAL OWNER				TIT	
X   A. GENERATION   B. TRANSPORTATION (complete item VII)   S1   S2   D. UNDERGROUND INJECTION   S2   D. UNDERGROUND INJECTION   VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))   A. AIR   S2   B. RAIL   S3   C. HIGHWAY   S4   D. WATER   S5   E. OTHER (specify):   S1   A. AIR   S2   B. RAIL   S3   C. HIGHWAY   S4   D. WATER   S5   E. OTHER (specify):   S4   D. WATER   S5   D. WATER   S6	15 16				Y		107511		5	55
W = NON-FEDERAL M = NON-FEDERAL M = S6 C. TREAT/STORE/DISPOSE D. UNDERGROUND INJECTION  VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))  L A. AIR L B. RAIL C C. HIGHWAY L C C. INSTALLATION'S EPA I.D. NO.  L A. FIRST NOTIFICATION  B. SUBSEQUENT NOTIFICATION L C. INSTALLATION'S EPA I.D. NO.  L A. FIRST NOTIFICATION L B. SUBSEQUENT NOTIFICATION (complete item C)  IX. DESCRIPTION OF HAZARDOUS WASTES	(enter the appropri	ate letter into box)			STE ACTIVI				100000000000000000000000000000000000000	
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Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.  C. INSTALLATION'S EPA I.D. NO.  A. FIRST NOTIFICATION  B. SUBSEQUENT NOTIFICATION (complete item C)  TLD 005129069  IX. DESCRIPTION OF HAZARDOUS WASTES	61	62	63	64	65					
C. INSTALLATION'S EPA I.D. NO.  A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)  TLD 005129069  IX. DESCRIPTION OF HAZARDOUS WASTES	Mark "X" in the ap	propriate box to indi-	cate whether this is your					activity or a	subsequer	nt notification.
IX. DESCRIPTION OF HAZARDOUS WASTES	If this is not your fi	rst notification, enter	your Installation's EPA	I.D. Number i	n the space pro	wided bel	_			
	X A. FIRST	NOTIFICATION	B. SUBSEQU	ENT NOTIFIC	ATION (compl	lete item		LD O	OS I	29069

			SHYAL EROTECTION	I.D FOR OF	FFICIAL USE ONLY
off to spec 11 stel 56 edags				WILDOOS	5 1 2 7 0 6 7 2
X. DESCRIPTION OF H	IAZARDOUS WAST	ES (continued from ;	front)	112	13 14
A. HAZARDOUS WASTES I waste from non—specific				40 CFR Part 261.31 fo	or each listed hazardous
Robbin Challet Banco Gross	ii ile stolgezoo hile	3	4	5	6
F 0 0 1	F006	F 0 0 7	WINE BEALS	H FASH PLACE	ans state
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or or or or or or or or		Hill	Hill		HITT
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
. HAZARDOUS WASTES I				R Part 261.32 for each	listed hazardous waste fro
	14	s. Ose additional sneets	16	17	18
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43	44	45	46	47	TEM 110 48 72 201
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D. LISTED INFECTIOUS W hospitals, medical and res	ASTES. Enter the four	-digit number from 40			te from hospitals, veterina
49	50	51	52	53	54
. CHARACTERISTICS OF hazardous wastes your ins				esponding to the charact	eristics of non—listed
[] 1. IGNITAE (D001)		2. CORROSIVE	□3. REA( (D003)	CTIVE	X4. TOXIC (D000)
. CERTIFICATION					
I certify under penalty attached documents, ar I believe that the subm mitting false informatio	nd that based on my itted information is	inquiry of those inc true, accurate, and c	lividuals immediately omplete. I am aware	responsible for obta	aining the information
IGNATURE ALLEMANT	Mar		ricial title (type or ve Vice Presid		8-13-80

EPA Form 8700-12 (6-80) REVERSE

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